MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO CR/765837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		X	
2	1				X	
3		2			X	
4					X	
5					X	
6					X	
7					X	
8					X	
9					X	
10					X	
11					X	
12					X	
13					X	
14					X	
15					X	
16					X	
17					X	
18					X	
19					X	
20					X	
21					X	
22					X	
23					X	
24					X	
25					X	
26					X	
27					X	
28					X	
29					X	
30			1		1	
31					1	
32					1	
33					1	
34					1	
35			1		1	
36					1	
37						
38						
39					2	
40						
41						
42						
43						
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54	1					
55	1					
56						
57						
58						
59						
60						
61						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	15					
TOTAL CLAIMS	20					

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS